


FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000009368 (7)					
1. Corporation Name PROTECTIVE SHUTTERS, INCORPORATED					
Principal Place of Business 6629 ARBOR DRIVE MIRAMAR FL 33023			Mailing Address 6629 ARBOR DRIVE MIRAMAR FL 33023-4901		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		
24 Country			29 Country		
9. Name and Address of Current Registered Agent					
TORRES, GUSTAVO 6629 ARBOR DRIVE MIRAMAR FL 33023				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, has been authorized by the corporation to execute this report. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: <i>Gustavo Torres</i> (President) Signature, typed or printed name, of registered agent and title if applicable. (NOTE: Registered Agent signature required.)					
12. OFFICERS AND DIRECTORS					
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD TORRES, GUSTAVO 6629 ARBOR DRIVE MIRAMAR FL 33023		<input type="checkbox"/> DELETE	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE	
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
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5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. I appear in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Gustavo Torres</i>					



CR2E034 (9/96)